

RETURN TO LINWOOD

**St. Paul Department of Parks & Recreation
S'more Fun Program
2010 Registration Check Off List**

Child's Name _____

_____ \$35.00/per child non-refundable registration fee (Checked off by staff)

_____ \$35.00/per child Activity Fee (Checked off by staff)

_____ Registration Form

_____ Emergency Information Form

_____ Release Form

_____ Fee Contract (Duplicate sent home)

_____ First week's tuition--\$150.00/per week or \$32.00/per day (Checked off by staff)

_____ Medication Permission Forms (if needed)

_____ Parent Handbook

_____ Credit Card Authorization Form

**St. Paul Parks & Recreation
2010 Linwood S'more Fun Program
Registration Form**

*A \$35.00 non-refundable Registration **AND** a \$35.00 Activity Fee per child must accompany this application.

Please Print Clearly

Child's Name _____ Nickname _____

Home Phone _____ School _____

Address _____ Zip _____

Age _____ Grade (2009-10 School Year) _____ Birth Date _____

Sex: _____ Male _____ Female

Child Resides with: _____ Parents _____ Mother _____ Father
_____ Stepfather _____ Stepmother _____ Guardian

Parent/Guardian Information-(Specify relationship to child) _____

Name _____ Home Phone _____

Home Address _____ Zip _____

Place of Employment _____ Work Phone _____

E-Mail Address _____

Parent/Guardian Information-(Specify relationship to child) _____

Name _____ Home Phone _____

Home Address _____ Zip _____

Place of Employment _____ Work Phone _____

E-Mail Address _____

Parent/Guardian Information-(Specify relationship to child) _____

Name _____ Home Phone _____

Home Address _____ Zip _____

Place of Employment _____ Work Phone _____

E-Mail Address _____

Persons authorized to pick your child up from S'more Fun.
Photo I.D. may be required by the staff prior to releasing your child.

Name & Relationship to child

Address

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Helpful Additional Information

List any condition present that may result in an emergency and correct plan of action:

List any special needs of your child (food allergies, disabilities, etc.):

Language, other than English, your child speaks or understands:

Special interests and favorite activities of your child:

Particular behavior difficulties or potential problems staff should be aware of:

Additional information that would help staff get acquainted with your child:

List names and ages of siblings:

In relation to your child, what are your expectations of S'more Fun?

Signature_____ Date_____

**St. Paul Parks & Recreation
2010 Linwood S'more Fun Program
Emergency Information Form**

Child's Name _____

Address _____ Zip _____

Home Phone () _____ Birth Date _____ Age _____

Parent/Guardian's Name _____ Cell Phone () _____

Relationship to Child: _____ Work Phone _____ Ext. _____

Parent/Guardian's Name _____ Cell Phone () _____

Relationship to Child: _____ Work Phone _____ Ext. _____

Please list any health conditions (food allergies, drug allergies, etc) your child may have:

Parent/Guardian to contact in case of an emergency: _____

If my child becomes ill and I cannot be reached, please call:

Name _____ Phone () _____

Address _____ Relationship _____

Name _____ Phone () _____

Address _____ Relationship _____

Name _____ Phone () _____

Address _____ Relationship _____

Name of Doctor/Clinic: _____

Address _____ Phone () _____

Medical Insurance Company and policy number for your child:

Signature _____ Date _____

**St. Paul Parks & Recreation
2010 Linwood S'more Fun Program
Release Form**

Child's Name _____

PROGRAM

I agree to abide by the terms and conditions of the City of St. Paul Parks and Recreation S'more Fun Program policies, of which I have received a copy, governing the enrollment of my child.

Signature _____ Date _____

FIELD TRIPS

I agree to permit my child to participate in the field trips sponsored by the S/more Fun Program. Trips planned will be posted.

Signature _____ Date _____

MEDICAL EMERGENCIES

In the case of a life-threatening emergency involving my child, I authorize the S'more Fun Program to use the paramedics to transport my child to the hospital emergency room. The child will be transported at the expense of the parent.

Signature _____ Date _____

ACCIDENTAL POISONING

In the event of accidental poison ingestion, I understand that the S'more Fun staff will contact the Poison Control Center. I hereby give my permission for the staff to administer syrup of ipecac to my child if directed to do so by a physician or the authorities of the Poison Control Center.

Signature _____ Date _____

SUNSCREEN

My child has permission to apply sunscreen. Staff has permission to apply sunscreen to my child.

Signature _____ Date _____

ANECDOTES AND PICTURES

I grant permission to the S'more Fun Program to use my child's name, pictures, and anecdotes for the purpose of educating the public to the services available.

Signature _____ Date _____

Fee Contract

Child's Name _____

Registration Fee: ___ Paid—Receipt # _____ Activity Fee: ___ Paid—Receipt # _____

DATES/TIMES: Linwood S'more Fun Program BEGINS on: Monday, June 14 and ENDS on: Friday, August 27

Please **CIRCLE** all of the days your child will be attending and staff will fill in remaining information.

Week	Dates	Days	Due Date	Cost	Paid	Cash/Credit Card	Receipt #
1	June 14-18	M T W T H F					
2	June 21-25	M T W T H F					
3	June 28-July 2	M T W T H F					
4	July 6-9	T W T H F					
5	July 12-16	M T W T H F					
6	July 19-23	M T W T H F					
7	July 26-30	M T W T H F					
8	August 2-6	M T W T H F					
9	August 9-13	M T W T H F					
10	August 16-20	M T W T H F					
11	August 23-27	M T W T H F					

S'more Fun will be closed Monday, July 5th.

Signature _____ Date _____

POLICY AGREEMENT

S'more Fun **opens at 7:00 a.m.** and **closes at 6:00 p.m.**

ENROLLMENT STATUS

Full time status is defined as follows: Five days a week for eleven weeks, with one unpaid vacation week allowed.

Part time status is defined as follows: Three or more days a week for eleven weeks, with one unpaid vacation week allowed.

FEE PAYMENT POLICIES

The cost is \$150.00 a week and/or \$32.00 a day. Any bank service charge for returned checks will be charged to the parent. Multiple child discount (Full time status only): 1st child \$150.00/week, 2nd child \$140/week, 3rd child \$130/week.

Tuition is due on the first day of the week that your child attends the program. For example, if your child attends the program Monday-Friday, your tuition is due on Monday. If your child attends the program Wednesday-Friday your tuition is due on Wednesday. A \$10.00 charge will be added to your fees if tuition is late.

If your child is absent from the program, our budget demands that we must still collect a fee for that day. This includes sick and impromptu vacation days.

Field trip payments are due on the day of the field trip. A \$10.00 charge will be added to your fees if the payment is late. If your child is absent from the program on a field trip day, our budget demands that we must still collect the field trip payment.

S'more Fun closes at 6:00 PM. If your child has not been picked up by then, a late fee of \$10.00 will be charged for every five minutes past closing time. For example, if your child is picked up at 6:09 PM., you will be charged a \$20.00 late fee. A child will not be allowed to return to the program until the fee is paid. * THIS WILL BE ENFORCED*

ADVANCE NOTICE FOR VACATION AND ATTENDANCE CHANGES: Parents may remove their child from the program for up to one week and not be charged a fee, providing **a two week advance notice is given.**

AGREEMENT: I have read the S'more Fun parent handbook, and I agree to pay all of my child's tuition and fees.

Signature: _____ Date: _____